

OPEN RECORDS REQUEST

OPEN RECORDS # _____

APPROVED BY LEGAL: _____

DATE: _____

Mansfield Police Department

1305 E. Broad Street

Mansfield, Texas 76063

Phone: (817) 276-4700

Fax: (817) 276-4727

FOR OFFICE USE ONLY

☐ See Attached Request

Date Received: _____ Due Date: _____ Received By: _____

Date to Chief: _____ Reviewed by Chief: _____

Date to Legal: _____ Amount Due: \$ _____ AG Letter Sent: _____

BY SUBMISSION OF THIS DOCUMENT, I AM REQUESTING THE INFORMATION STATED BELOW. I UNDERSTAND THAT SOME DOCUMENTS ARE SUBJECT TO NON-DISCLOSURE UNDER THE TEXAS GOVERNMENT CODE, PUBLIC INFORMATION ACT CHAPTER 552, AND OTHER RELATED LAWS. I FURTHER UNDERSTAND THAT THERE IS A FEE CHARGED PER REQUEST TO COVER THE COST OF REPRODUCTION OR COPYING. THE INFORMATION THAT I AM REQUESTING IS DESCRIBED BELOW:

PLEASE PRINT ALL INFORMATION

INFORMATION REQUESTED (BE SPECIFIC):

NATURE OF INCIDENT/DESCRIBE WHAT HAPPENED:

ADDRESS AND/OR REPORT NUMBER(S):

NAME AND DATE OF BIRTH OF PARTIES INVOLVED:

DATE OF INCIDENT OR TIME FRAME:

.....

Requested By: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

IF I HAVE ANY QUESTIONS I MAY CALL THE RECORDS DIVISION AT (817) 276-4700, MONDAY-FRIDAY 8AM-5PM (EXCLUDING HOLIDAYS). RECORDS MUST BE PICKED UP BY THE PERSON WHO REQUESTED THE OPEN RECORDS.

Signature: _____